

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 261-7097

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

FIREARMS CERTIFICATION OF PROFICIENCY - INITIAL CERTIFICATION

IMPORTANT: This form is required for initial certification in Wisconsin or for any other situation when a person is required to obtain the complete 36-hour firearms training course before carrying a firearm while on duty as a security guard.

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.

PLEASE TYPE OR PRINT IN INK

☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number () ____ - ____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Height	Weight	Eye Color	Hair Color
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Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

The firearms certification of proficiency is valid for one year. It may be renewed for a one year period at that time.

Name of Private Detective/Security Guard Agency	Agency License Number
Address of Agency (number, street, city, state, zip code)	Daytime Telephone Number () ____ - ____

NO FEE IS REQUIRED

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MARK AN X IN THE APPROPRIATE BOX. If you answer **Yes** to any question, give all details on a separate sheet.

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| a. Have you or the owner named on page 1 ever been convicted of a misdemeanor or a felony? <u>If YES, attach Form #2252 to provide details about the crime.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are any felony or misdemeanor charges pending against you or the owner named on page 1? <u>If YES, attach Form #2252 to provide details about the pending charge.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you or the owner named on page 1 ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Has any licensing or other credentialing agency ever taken any disciplinary action against you or the owner named on page 1, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is disciplinary action pending against you or the owner named on page 1 in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status or action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |

Place of Firing Range		Place Where Classroom Instruction is Provided	
Address (number, street, city, state, zip)		Address (number, street, city, state, zip)	
Date(s)	Time	Date(s)	Time

NOTE: A SEPARATE CERTIFICATION OF PROFICIENCY IS REQUIRED FOR EACH TYPE OF FIREARM, SUCH AS A REVOLVER, SEMI-AUTOMATIC OR A SHOTGUN WHICH AN OWNER OR EMPLOYEE MAY CARRY WHEN ON DUTY AS A SECURITY GUARD.

TYPE OF WEAPON FOR WHICH TRAINING PROVIDED
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NOTE: A SEPARATE CERTIFICATION OF PROFICIENCY IS REQUIRED FOR EACH TYPE OF FIREARM, SUCH AS A REVOLVER, SEMI-AUTOMATIC OR A SHOTGUN WHICH AN OWNER OR EMPLOYEE MAY CARRY WHEN ON DUTY AS A SECURITY GUARD.

TYPE OF WEAPON FOR WHICH TRAINING PROVIDED
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NOTE: One instructor may provide the complete 36-hour training program or 2 instructors may provide various segments of the program. If one instructor provided the complete 36-hour program, he or she should sign the statement in the left column below. If there was a second instructor, he or she should also sign the statement in the right column below.

This is to certify that the above-named person has completed a training program of NOT LESS THAN 36 HOURS in the specific topics required by sec. RL 34.03, Wis. Admin. Code. This person has been thoroughly instructed in and understands the safety rules, the range rules, the procedures for the care and cleaning of the weapon(s) listed above, the legal limits on the use of the specified weapon(s) and the laws relating to detaining people as a security guard. This person has met the minimum proficiency standards as set forth in the firearms training guide entitled, "DEMONSTRATE CARE AND USE OF FIREARMS" (published by the Wisconsin Department of Justice, Training and Standards Bureau, 123 W. Washington Avenue, Madison, Wisconsin 53702).

INSTRUCTOR WHO PRESENTED THE COMPLETE COURSE OR PART OF THE COURSE.	SECOND INSTRUCTOR, IF 2 INSTRUCTORS PRESENTED THE COURSE.
<div><div></div><div>NUMBER OF HOURS PRESENTED</div></div>	<div><div></div><div>NUMBER OF HOURS PRESENTED</div></div>
PRINT OR TYPE NAME OF INSTRUCTOR	PRINT OR TYPE NAME OF INSTRUCTOR
SIGNATURE OF INSTRUCTOR	SIGNATURE OF INSTRUCTOR
Subscribed and sworn before me this _____, _____ day of _____.	Subscribed and sworn before me this _____, _____ day of _____.
Signature of Notary Public (Seal)	Signature of Notary Public (Seal)
Date Commission Expires	Date Commission Expires

I hereby attest that to the best of my knowledge, the information on this form is accurate.

I hereby attest that I have not been convicted of a felony crime, and that I am not prohibited by any applicable federal or state law from carrying or being in possession of a firearm.

I further attest that I have read and understand sec. 941.29, Stats. (See page 4.)

SIGNATURE OF PERSON APPLYING FOR FIREARMS CERTIFICATION

DATE

Wisconsin Department of Regulation & Licensing

I hereby attest that to the best of my knowledge, the information on this form is accurate. Our agency, therefore, requests that a permit to carry a firearm while on duty as a security guard be granted to the individual named on page 1.

SIGNATURE OF OWNER, OFFICER OR PARTNER OF PRIVATE DETECTIVE
AGENCY/SECURITY GUARD AGENCY

DATE

IMPORTANT: All applicants must attach a copy of the private security permit issued by a Wisconsin law enforcement agency, except those who are licensed private detectives and those who have received a private security permit from the Department pursuant to the new law which required the Department to issue private security permits.

CHAPTER 941.29 POSSESSION OF A FIREARM

941.29 Possession of a firearm. (1) A person is subject to the requirements and penalties of this section if he or she has been:

- (a) Convicted of a felony in this state.
- (b) Convicted of a crime elsewhere that would be a felony if committed in this state.
- (bm) Adjudicated delinquent for an act committed on or after April 21, 1994, that if committed by an adult in this state would be a felony.
- (c) Found not guilty of a felony in this state by reason of mental disease or defect.
- (d) Found not guilty of or not responsible for a crime elsewhere that would be a felony in this state by reason of insanity or mental disease, defect or illness.
- (e) Committed for treatment under s. 51.20 (13) (a) and ordered not to possess a firearm under s. 51.20 (13) (cv).
- (f) Enjoined under an injunction issued under s. 813.12 or 813.122 or under a tribal injunction, as defined in s. 813.12 (1) (e), issued by a court established by any federally recognized Wisconsin Indian tribe or band, except the Menominee Indian tribe of Wisconsin, that includes notice to the respondent that he or she is subject to the requirements and penalties under s. 941.29 and that has been filed under s. 806.247 (3).
- (g) Ordered not to possess a firearm under s. 813.125 (4m).

(2) A person specified in sub. (1) is guilty of a Class E felony if he or she possesses a firearm under any of the following circumstances:

- (a) The person possesses a firearm subsequent to the conviction for the felony or other crime, as specified in sub. (1) (a) or (b).
- (b) The person possesses a firearm subsequent to the adjudication, as specified in sub. (1) (bm).
- (c) The person possesses a firearm subsequent to the finding of not guilty or not responsible by reason of insanity or mental disease, defect or illness as specified in sub. (1) (c) or (d).
- (d) The person possesses a firearm while subject to the court order, as specified in sub. (1) (e) or (g).
- (e) The person possesses a firearm while the injunction, as specified in sub. (1) (f), is in effect.

(2m) Whoever violates this section after being convicted under this section is guilty of a Class D felony.

(3) Any firearm involved in an offense under sub. (2) is subject to s. 968.20 (3).

(4) A person is concerned with the commission of a crime, as specified in s. 939.05 (2) (b), in violation of this section if he or she knowingly furnishes a person with a firearm in violation of sub. (2).

(5) This section does not apply to any person specified in sub. (1) who:

- (a) Has received a pardon with respect to the crime or felony specified in sub. (1) and has been expressly authorized to possess a firearm under 18 USC app. 1203; or

(b) Has obtained relief from disabilities under 18 USC 925 (c).

(6) The prohibition against firearm possession under this section does not apply to any correctional officer employed before May 1, 1982, who is required to possess a firearm as a condition of employment. This exemption applies if the officer is eligible to possess a firearm under any federal law and applies while the officer is acting in an official capacity.

(7) This section does not apply to any person who has been found not guilty or not responsible by reason of insanity or mental disease, defect or illness if a court subsequently determines both of the following:

- (a) The person is no longer insane or no longer has a mental disease, defect or illness.
- (b) The person is not likely to act in a manner dangerous to public safety.

(8) This section does not apply to any person specified in sub. (1) (bm) if a court subsequently determines that the person is not likely to act in a manner dangerous to public safety. In any action or proceeding regarding this determination, the person has the burden of proving by a preponderance of the evidence that he or she is not likely to act in a manner dangerous to public safety.

(9) This section does not apply to a person specified in sub. (1) (e) if the prohibition under s. 51.20 (13) (cv) 1. has been canceled under s. 51.20 (13) (cv) 2. or (16) (gm).

(10) The prohibition against firearm possession under this section does not apply to a person specified in sub. (1) (f) if the person satisfies any of the following:

- (a) The person is a peace officer and the person possesses a firearm while in the line of duty or, if required to do so as a condition of employment, while off duty.
- (b) The person is a member of the U.S. armed forces or national guard and the person possesses a firearm while in the line of duty.

History: 1981 c. 141, 317; 1983 a. 269; 1985 a. 259; 1993 a. 195, 196, 491; 1995 a. 71, 77, 306, 417.

NOTE: See Chapter 141, laws of 1981, section 2, entitled "Initial applicability."

Where defendant is willing to stipulate to being a convicted felon, evidence of nature of felony is irrelevant if offered only to support felony conviction element. State v. McAllister, 153 W (2d) 523, 451 NW (2d) 764 (Ct. App. 1989).

Failure to give the warning under s. 973.033 does not prevent a conviction under this section. State v. Phillips, 172 W (2d) 391, 493 NW (2d) 238 (Ct. App. 1992).

Retroactive application of this provision did not violate the prohibition against ex post facto laws because the law is not intended to punish persons for a prior crime but to protect public safety. State v. Thiel, 188 W (2d) 695, 524 NW (2d) 641 (1994).

A convicted felon's possession of a firearm is privileged in limited enumerated circumstances. State v. Coleman, 206 W (2d) 198, 556 NW (2d) 701 (1996).

Sub. (5) (a) has been invalidated by congressional action. Pardons granted after November 15, 1986, will give recipients right to receive, possess or transport in commerce firearms unless pardon expressly provides otherwise. 78 Atty. Gen. 22.

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SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Middle Initial	Last Name
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Profession

Date of Birth
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) _____

Mail To Address (if different) _____

Date of Birth _____ month day year	Social Security Number _____ Information helps us identify your record, but is voluntary. It is not available to the public.
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Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

- List all other names used: _____
- List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

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3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature	Date

Signed and sworn before me this _____ day of _____, 20 _____.

Signature of Notary Public	Date

My commission (is permanent) _____ expires _____.

SEAL

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 3/04) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code

Committed to Equal Opportunity in Employment and Licensing